



Outpatient Rehabilitation Services
900 S. Caton Ave., Mailbox 47, Baltimore, MD 21229
Phone 667-234-2800 Fax 667-234-3532

THIS FORM IS A PRESCRIPTION

Please include a patient information sheet with this referral

Date: _____ DOB: _____
Patient: _____ Phone#: _____
Insurance: _____ Diagnosis: _____ Date of onset: _____
Reason for Referral: _____

PHYSICAL THERAPY

- Evaluate and Treat
Amputee Rehab
Balance/Proprioception/Agility
Concussion/Migraine Rehab
Gait Training
Incontinence Therapy
Neck/Cervical Rehab
Oncology Rehab
Orthopedic Rehab
Pregnancy/Postpartum Rehab
Shoulder Rehab
Spine Rehab
Stroke Rehab
TMJ Rehab
Vestibular Rehab
Wound (pulse lavage)
Other _____

PARKINSON REHAB

- Evaluate and Treat (OT/PT)
LSVT BIG (OT/PT)
Evaluate and Treat (ST)
LSVT LOUD (ST)

OCCUPATIONAL THERAPY

- Evaluate and Treat
Arthritis Rehab
Cognitive/Perceptual Rehab
Driver Rehab
Ergonomic Evaluation
Hand/UE Rehab
Low Vision Rehab
Neurological Rehab
ADL/IADL training
Orthotics/Splinting
Shoulder Rehab
Stroke Rehab
Work Conditioning
Wound Care
Other _____

LYMPHEDEMA MANAGEMENT (OT/PT)

- Evaluate and Treat
RUE LUE RLE LLE
Garments/Pumps as indicated
Other _____

FITNESS CENTER

- Specialized Exercise Program
Medical Fitness Program
Other _____

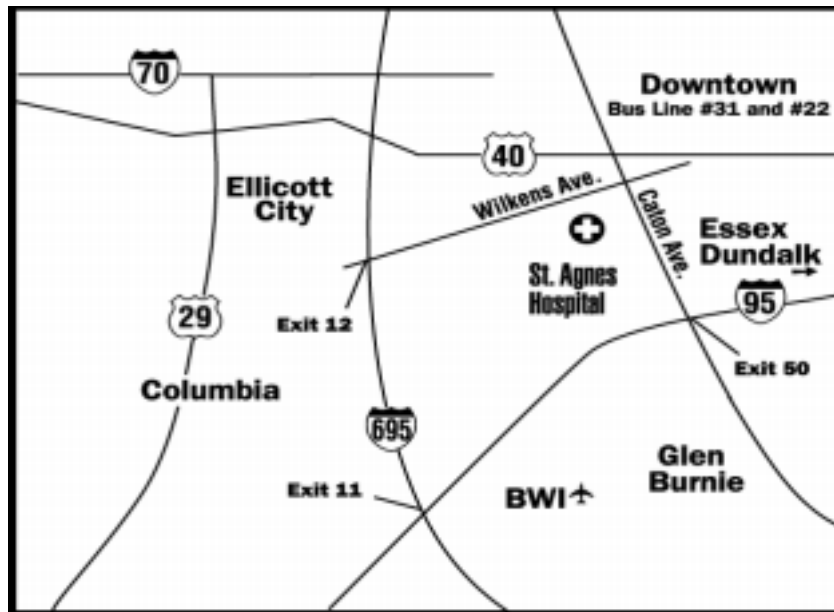
SPEECH PATHOLOGY

- Evaluate and Treat
Aphasia Therapy
Cognitive Rehab
Dysarthria Rehab
Dysphagia Therapy
Fluency Therapy (stuttering)
Laryngectomy Rehab
Modified Barium Swallow
Neurological Rehab
Stroke Rehab
Voice (hoarseness, low volume)
Other _____

AUDIOLOGY SERVICES

- Hearing Test Adult/Pediatric
Newborn Hearing Rescreen
ENG/VNG Vestibular Test
Hearing Aid Evaluation
Auditory Processing Testing
Auditory Brainstem
Response Testing (ABR/BAER)
Other _____

Physician's Signature: _____ Date/Time: _____
Physician's Name & Phone # (please print) _____
Special Instructions: _____



We are conveniently located on the campus of Ascension Saint Agnes Hospital. Valet Parking is available at the Main Hospital entrance.

Directions to Rehab Services:

Enter through the Main Hospital Entrance, located off of Caton Ave. Patient parking is available in the Caton Ave. Garage. In addition, we offer valet parking at the Main Hospital Entrance. Stop at the information desk upon entering the hospital to obtain directions to our department. If you require a wheelchair escort, please inform the information desk.

Please bring insurance cards, photo identification, prescription or physician order, list of current medications and referral from the insurance company if required. Please arrive 10-15 minutes prior to your appointment time to complete necessary paperwork.

****Some insurance carriers require authorization prior to an evaluation. If you have any questions on whether your insurance carrier requires authorization, please contact our Referral Coordinator at 667-234-2407.**